

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1							31								
2							32								
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TOTAL IND.	2						TOTAL IND.								
TOTAL DEP.	17						TOTAL DEP.								
TOTAL CLAIMS	19						TOTAL CLAIMS								